

TEST METHOD SUBMITTAL FORM

Date: _____

State, District, or Organization: _____

Contact & phone#: _____

Test Method # (attach complete copy of method)* : _____

Title: _____

Reason for submittal. Explain what rule(s) the method(s) will be used in, and how it (they) will be used in the rule(s). Explain *in detail* the application for which approval is being sought. (i.e. for a single source, district, rule, source category, etc.) Approximate, if possible, how many sources will be affected. Attach additional pages as appropriate.

Date of adoption/revision: _____

*Attach a complete copy of the rule(s) in which the method(s) will be used.

Principle/Applicability: _____

Precision: _____

Bias: _____

Range of applicability: _____

Validation tests: _____

Corresponding EPA/ASTM method(s), if any: _____

Description of revisions (identify the sections as well). For a new test method, provide further details on the analytical procedure, equipment and reagents used, quality control and assurances, and the reasons for the method's development. Attach additional pages as necessary.
